10 Coxford Drove, Southampton, Hampshire, SO16 5FD
Tel: 02380 900684

Clover Healthcare Solutions Ltd

Email: info@cloverhealthcare.co.uk

NO:

Name of nurse/ carer /support worker: ……..
Grade: ……..
Address of client/ hospital: ……
……..
Ward department: ……..
Week ending Sunday: ……/…… /…….

| Day | Date | From | To | Break time | Hours daily | Hours night | Bank holiday | Sleep in hours | Authorising signature |
|---|---|---|---|---|---|---|---|---|---|
| Mon | | | | | | | | | |
| Tues | | | | | | | | | |
| Wed | | | | | | | | | |
| Thurs | | | | | | | | | |
| Fri | | | | | | | | | |
| Sat | | | | | | | | | |
| Sun | | | | | | | | | |
| Total hours worked excluding breaks | | | | | | | | | |

**Authorisation**. I certify that the nurse/carer/support worker has worked the hours shown above exclusive of meal breaks and that the duty details are correct.

Signature: …….. status: ……

Date signed: …… hours for payed work: ……..

All time sheets should be submitted to clover healthcare solutions by noon on Monday for payment on Friday. Please print off 3 copies and give one to the office, client and yourself.